

Invoice Address
 Dudley Group NHS FT
 Finance Department
 Trust Headquarters
 Russells Hall Hospital
 Dudley
 DY1 2HQ

Supplier
 Viamed Ltd
 15 Station Road
 Cross Hills
 Keighley, West Yorkshire
 BD20 7DT, United Kingdom
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 Fax: +44 (0) 1535 635582
 Email: info@viamed.co.uk
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 EORI No: GB287389593000



Contact Name: Ellie Quick
 Contact Tel: 01384244329
 Account: 00001465
 Customer Reference: 140011217
 Date: 12 Jun 2026
 Tracking Number: 1Z9W96386876913400
 Priced In: UK Pounds

Invoice RVM164104-1

Delivery Address
 Russells Hall Hospital
 The Dudley Group NHS FT
 Procurement Department
 Dudley
 DY1 2HQ

CIP Carriage and Insurance Paid To Russells Hall Hospital, UK * Incoterms 2020

Delivery Reference DVM164104-1 Contact kate.griffiths@viamed.co.uk

Item Reference	Description	Quantity	Unit	Unit Vat	Total
1114006 Tariff 9018199000 CoO Mexico	EyeMax 2 Neonatal Phototherapy Mask - Premie Ref. R300P02 Pack of 20	2	58.90	11.78	141.36
1114005 Tariff 9018199000 CoO Mexico	EyeMax 2 Neonatal Phototherapy Mask - Regular Ref. R300P01 Pack of 20	2	58.90	11.78	141.36
PPUPS1	UPS Courier Delivery - Standard AWB:1Z9W96386876913400		10.00	2.00	12.00

Total Net: 245.60
 Total Vat: 49.12
 Total: 294.72

Banking details
 Bank: Barclays Bank PLC
 Sort Code: 20-78-42
 Account Number: 00906662
 IBAN: GB05BUKB20784200906662
 BIC: BUKGB22
 Terms & conditions <https://www.viamed.co.uk/terms>

Terms: Net 30 days from date of invoice.
 Full invoice amount to be credited to our account net of all bank charges.
 Claims: Please claim non delivery within 7 days of invoice.
 Shortages or damage within 3 days of receipt.
 Claims after these times cannot be entertained.
 Title to goods does not pass until payment in full has been received.